

2103

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. **084**

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. _____
Township _____ or Village _____ or
City Miami No. Insurrection Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME, instead of street and number)

Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Maria A. Romero How long in State when death occurred? 16 yrs. _____ mos. _____ ds.
(a) Residence: No. 1009 Sullivan St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Latin</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>Oct 31, 1938</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Oct-29, 1938</u> to <u>Oct 31, 1938</u> . I last saw her alive on <u>Oct 31, 1938</u> ; death is said to have occurred on the date stated above, at <u>5:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumococcal meningitis</u> <u>Otitis media</u> <u>Spinal drainage</u> <u>fluid showed Pneumococci</u> <u>Other contributory causes of importance:</u> <u>Pathological lat. reported that they found Pneumococci in spinal fluid.</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Frank Romero</u>	6. DATE OF BIRTH (month, day, and year) <u>Sept 30 1906</u>	7. AGE Years <u>32</u> Months <u>1</u> Day <u>1</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or Country) <u>Ascension Cibola Mexico</u>				13. NAME <u>Jose Acadaca</u>			
14. BIRTHPLACE (city or town) (State or Country) <u>Ascension Cibola Mexico</u>				15. MAIDEN NAME <u>Jesus Lechuga</u>			
16. BIRTHPLACE (city or town) (State or Country) <u>Ascension Cibola Mexico</u>				17. INFORMANT (Address) <u>Frank Romero 1009 Sullivan St</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dinal</u> Date <u>Nov. 2, 1938</u>				19. EMBALMER License No. <u>2035</u> Signature <u>H. H. McEllan</u> FUNERAL DIRECTOR <u>Mike Mortuary</u> Address <u>Miami, Ariz.</u>			
20. Filed <u>Nov 1, 1938</u> Registrar <u>Thomas A. Payne</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>Byril M. Brown, M. D.</u> <u>Miami, Arizona</u>			

10M 1-7-38 MS Form 3 100% Rag Back of Certificate to be used for any Additional Information